

1 WILLIAM G. McDEVITT, Esq. (SBN 62065)  
2 Of Counsel, Brayton Purcell, LLP  
3 222 Rush Landing Road  
4 P.O. Box 6169  
5 Novato, CA 94948  
6 Telephone: (415) 898-1555  
7 Facsimile: (415) 898-1247

8 Attorneys for Plaintiff, RONALD RICHMAN

9 UNITED STATES DISTRICT COURT  
10 NORTHERN DISTRICT OF CALIFORNIA

11 RONALD RICHMAN,

12 Plaintiff,

13 vs.

14 UNITED STATES OF AMERICA, et al.

15 Defendants.

16 ) Case No. C07-05317 WHA  
17 ) [C08-03499-MEJ; RELATED ACTION]  
18 )  
19 ) **DECLARATION OF WILLIAM G.**  
20 ) **MCDEVITT IN SUPPORT OF RONALD**  
21 ) **RICHMAN'S MOTION TO INTERVENE**  
22 ) **AS A PLAINTIFF [F.R.C.P. RULE 24]**  
23 )  
24 ) **Date: October 9, 2008**  
25 ) **Time: 8:00 a.m.**  
Place: Ctrm 9, 19<sup>th</sup> Floor  
Before: Hon. William H. Alsup

18 I, William G. McDevitt, declare:

- 19 1. I am one of the attorneys for Ronald Richman, proposed intervener herein;
- 20 2. Both Mr. Richman and the County of Contra Costa initially filed administrative
- 21 claims with the U.S. Department of Fish and Wildlife Service based on the
- 22 indication that the government vehicle involved in the subject accident was
- 23 owned by "Wildlife Services." Attached hereto as Exhibits A and B are the
- 24 initial claims filed by plaintiff and the County of Contra Costa;
- 25

**DECLARATION OF WILLIAM G. MCDEVITT IN SUPPORT OF RONALD**  
**RICHMAN'S MOTION TO INTERVENE AS A PLAINTIFF [F.R.C.P. RULE 24]**

- 1           3.     Mr. Richman's claim was never returned or forwarded to the appropriate  
2                 agency;
- 3           4.     According to the statement of the attorney for the County of Contra Costa on the  
4                 record before Judge Alsup, the initial claim filed by the County of Contra Costa  
5                 was never returned to the County or forwarded to the appropriate agency. The  
6                 same is true for Mr. Richman's claim, even though it was filed over a year  
7                 before the running of the statute;
- 8           5.     After filing a timely claim, the County of Contra Costa filed a Federal Tort  
9                 Claim Action, case no. C08-03499-MEJ, now joined as a related action with the  
10                subject case (Exhibit C);
- 11          6.     Defendant filed a Motion to Dismiss Mr. Richman's complaint for lack of  
12                 jurisdiction. The Motion was heard and **denied** on August 7, 2008, but set for  
13                 an evidentiary hearing on October 29, 2008;
- 14          7.     Under California law, Mr. Richman has a right to intervene in his employer's  
15                 action and the filing of the administrative claim by his employer obviates the  
16                 need for Mr. Richman to do the same;
- 17          8.     The two claims present identical questions of law and fact and are  
18                 "interchangeable" under California law;
- 19          9.     Attached hereto is Mr. Richman's proposed Complaint in Intervention, marked  
20                 as Exhibit D;
- 21          10.    Exhibits A, B and C are true and correct copies of the documents they purport to  
22                 be, the documents referred to in plaintiff's Motion.
- 23  
24  
25

1 I declare under penalty of perjury that the foregoing is true and correct and that this  
2 declaration was executed on August 20, 2008 at Novato, CA.

3 DATED: August 20, 2008

LAW OFFICES OF WILLIAM G. MCDEVITT

4  
5  
6 By 

WILLIAM G. MCDEVITT, Esq.  
Attorneys for Plaintiff

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**DECLARATION OF WILLIAM G. MCDEVITT IN SUPPORT OF RONALD  
RICHMAN'S MOTION TO INTERVENE AS A PLAINTIFF [F.R.C.P. RULE 24]**

*Richman v. United States of America, et al.*  
*USDC Case No. C07-05317 JCS*

**PROOF OF SERVICE (Code Civ. Proc. § 1013a)**

I am a citizen of the United States. My business address is 222 Rush Landing Road, P.O. Box 6169, Novato, CA 94948. I am employed in the County of Marin, where this mailing occurs. I am over eighteen years of age and not a party to the within cause. On the date set forth below, I served the attached document described as:

**DECLARATION OF WILLIAM G. MCDEVITT IN SUPPORT OF RONALD RICHMAN'S MOTION TO INTERVENE AS A PLAINTIFF [F.R.C.P. RULE 24]**

on the following person(s) in this action by placing a true copy thereof enclosed in a sealed envelope addressed as follows:

Abraham A. Simmons  
U.S. Attorney's Office  
450 Golden Gate Avenue  
P.O. Box 36055  
San Francisco, CA 94102  
Tel: (415) 436-7264  
Fax: (415) 436-6748

Email: [abraham.simmons@usdoj.gov](mailto:abraham.simmons@usdoj.gov)  
**Attorney for Defendant U.S. Department of Agriculture**

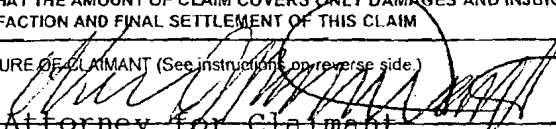
Mark A. Cartier, Esq.  
Thomas Lyding Cartier & Gaus, LLP  
3100 Oak Road, Suite 310  
P. O. Box 8072  
Walnut Creek, CA 94597  
Tel: 925-930-7270  
Fax: 925-256-8148  
**Attorney for County of Contra Costa**

- ☒ **(BY MAIL)** I am readily familiar with my firm's practice for collection and processing of correspondence for mailing with the United States Postal Service, to wit, that correspondence will be deposited with the United States Postal Service this same day in the ordinary course of business. I sealed said envelope and placed it for collection and mailing on August 21, 2008, following ordinary business practices.
- ☐ **(BY EXPRESS MAIL OVERNIGHT DELIVERY)** I caused each envelope, with delivery fees provided for, to be deposited in a box regularly maintained by the US Postal Service. I am readily familiar with Brayton Purcell's practice for collection and processing of correspondence for overnight delivery and know that in the ordinary course of Brayton Purcell's business practice the document described above will be deposited in a box or other facility regularly maintained by the US Postal Service at Novato, California on the same date that it is placed at Brayton Purcell for collection
- ☐ **(BY FACSIMILE)** I caused said documents to be transmitted by facsimile machine to the number indicated after the address(es) noted above.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed on August 21, 2008, at Novato, California.

  
\_\_\_\_\_  
Krystal Correia

**EXHIBIT A**

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		<b>FORM APPROVED</b> OMB NO. 1105-0008	
1. Submit To Appropriate Federal Agency:  U.S. Dept. of Fish & Wildlife Service 2800 Cottage Way, Room W-2605 Sacramento, CA 95825-1846			2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, Street, City, State and Zip Code)  Ron Richman c/o Brown & McDevitt 300 Drakes Landing Rd. #172 Greenbrae, CA 94904		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 10/15/56	5. MARITAL STATUS M	6. DATE AND DAY OF ACCIDENT 10/24/05	7. TIME (A.M. OR P.M.) a.m.	
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary.) Peter Lacy was an employee of the U.S. Dept. of Fish & Wildlife. On 10/24/05 claimant was driving his truck on Buchanan Field. Peter Lacy, an employee of the Dept. of Fish & Wild. was following claimant in a vehicle owned by U.S.A. At said time and place, Peter Lacy negligently, carelessly and recklessly drove his vehicle into the rear of claimant's vehicle, which was stopped on the side of the roadway.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). Contra Costa County, 2530 Arnold Drive, Ste. 140, Martinez, CA 94553					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See Instructions on reverse side.) Damage to the rear of claimant's vehicle and to the front of the vehicle driven by Mr. Lacy.					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. Cervical disk herniation and shoulder strain.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Tom Rasmussen		1305 N.H. PMB 321, Lompoc, CA 93436			
12. (See instructions on reverse.) <b>AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE Unknown	12b. PERSONAL INJURY \$250,000.00	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$250,000.00		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)  Attorney for Claimant		13b. Phone number of person signing form (415) 925-9212		14. DATE OF SIGNATURE 10/6/06	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS			
The claimant is liable to the United States Government for the civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729.)		Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)			

## INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

Contra Costa County Risk Management, 2530 Arnold Dr., Ste. 140,  
Martinez, CA 94553. Adjuster: Maria Faint (925) 335-1410  
(Workers Compensation Ins.)

16. Have you filed a claim on your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No

17. If deductible, state amount.

N/A - Workers Compensation Insurance

N/A

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts.)

Accepted claim, benefits being paid.

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

N/A - My employer's vehicle.

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

The amount claimed should be substantiated by competent evidence as follows:

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item #12 of this form.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552(a)(3), and concerns the information requested in the letter to which this Notice is attached.

A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. Principal Purpose: The information requested is to be used in evaluating claims.  
C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".


## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, D.C. 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

**AUTHORITY TO FILE CLAIM**

The undersigned, Ronald Richman, has retained the Law Offices of Brown & McDevitt to represent him for injuries he sustained on October 24, 2005, when struck from the rear by a vehicle owned by the United States of America and driven by an employee of the Dept. of Fish and Wildlife. William G. McDevitt of Brown & McDevitt has the power and authority to file, litigate and settle this claim on my behalf as my attorney and duly authorized agent.

Dated: *Oct, 3, 2006*

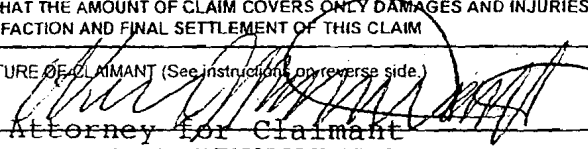
  
Ronald Richman

RECEIVED

OCT 04 2006

Brown & McDevitt  
ATTORNEYS AT LAW



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		<b>FORM APPROVED</b> OMB NO. 1105-0008	
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3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 10/15/56	5. MARITAL STATUS M	6. DATE AND DAY OF ACCIDENT 10/24/05	7. TIME (A.M. OR P.M.) a.m.	
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary.) Peter Lacy was an employee of the U.S. Dept. of Fish & Wildlife. On 10/24/0 claimant was driving his truck on Buchanan Field. Peter Lacy, an employee of the Dept. of Fish & Wild. was following claimant in a vehicle owned by U.S.A. At said time and place, Peter Lacy negligently, carelessly and recklessly drove his vehicle into the rear of claimant's vehicle, which was stopped on the side of the roadway.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). Contra Costa County, 2530 Arnold Drive, Ste. 140, Martinez, CA 94553					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.) Damage to the rear of claimant's vehicle and to the front of the vehicle driven by Mr. Lacy.					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. Cervical disk herniation and shoulder strain.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Tom Rasmussen		1305 N.H. PMB 321, Lompoc, CA 93436			
12. (See instructions on reverse.) <b>AMOUNT OF CLAIM (in dollars)</b>					
12a. PROPERTY DAMAGE Unknown	12b. PERSONAL INJURY \$250,000.00	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$250,000.00		
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CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS			
The claimant is liable to the United States Government for the civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729.)		Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)			

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Contra Costa County Risk Management, 2530 Arnold Dr., Ste. 140,  
Martinez, CA 94553. Adjuster: Maria Faint (925) 335-1410  
(Workers Compensation Ins.)

16. Have you filed a claim on your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No

N/A - Workers Compensation Insurance

17. If deductible, state amount.

N/A

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts.)

Accepted claim, benefits being paid.

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

N/A - My employer's vehicle.

## INSTRUCTIONS

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If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item #12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

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AUTHORITY TO FILE CLAIM

The undersigned, Ronald Richman, has retained the Law Offices of Brown & McDevitt to represent him for injuries he sustained on October 24, 2005, when struck from the rear by a vehicle owned by the United States of America and driven by an employee of the Dept. of Fish and Wildlife. William G. McDevitt of Brown & McDevitt has the power and authority to file, litigate and settle this claim on my behalf as my attorney and duly authorized agent.

Dated: *Oct, 3, 2006*

  
Ronald Richman

RECEIVED

OCT 04 2006

Brown & McDevitt  
ATTORNEYS AT LAW

**EXHIBIT B**

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit To Appropriate Federal Agency:  U. S. Department of Fish & Wildlife Service 2800 Cottage Way, Room W-2605 Sacramento, CA 95825-1846			2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, Street, City, State and Zip Code) County of Contra Costa, 2530 Arnold Dr., #140, Martinez, CA 94553; Thomas, Lyding, Cartier & Gaus, P. O. box 8072, Walnut Creek, CA 94597		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH N/A	5. MARITAL STATUS N/A	6. DATE AND DAY OF ACCIDENT 10/24/2005	7. TIME (A.M. OR P.M.) A.M.	
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary.) Peter Lacy was an employee of the U. S. Department of Fish & Wildlife, and Ronald Richman was an employee of the County of Contra Costa. On 10/24/05 at Buchanan Field in Contra Costa County, California, Ronald Richman was driving a vehicle, and was struck by another vehicle negligently and carelessly driven by Peter Lacy. Peter Lacy drove his vehicle into the rear of the vehicle Ronald Richman was driving. The County of Contra Costa has provided workers' compensation benefits to or on behalf of Ronald Richman for injuries sustained in the 10/24/2005 incident.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). County of Contra Costa, 2530 Arnold Drive, #140, Martinez, CA 94553.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See Instructions on reverse side.) Damage to the rear of the vehicle driven by Ronald Richman, and to the front of the vehicle driven by Peter Lacy.					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. Ronald Richman alleges that he sustained a cervical disc herniation and shoulder strain.					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Tom Rasmussen		1305 N. H. PMB 321, Lompoc, CA 93436			
12. (See instructions on reverse.) AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE  \$1,989.66	12b. PERSONAL INJURY  \$200,000.00		12c. WRONGFUL DEATH  N/A	12d. TOTAL (Failure to specify may cause forfeiture of your rights.)  201,989.66	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)  <i>Mark Carter Attorney for Claimant County</i>			13b. Phone number of person signing form (925) 930-7270		14. DATE OF SIGNATURE  5-2-07
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for the civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729.)			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

## INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

The County of Contra Costa is permissibly uninsured for workers' compensation liability, and it has provided workers' compensation benefits to or on behalf of Ronald Richman for the 10/24/2005 incident; the address for the County of Contra Costa is 2530 Arnold Dr., #140, Martinez, CA, 94553, Ms. Maria Faint, telephone (925) 335-1410.

16. Have you filed a claim on your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No  
The County of Contra Costa has provided workers' compensation benefits to or on behalf of Ronald Richman for the 10/24/2005 incident.

17. If deductible, state amount.

N/A.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts.)

Claimant County of Contra Costa is providing benefits to Ronald Richman for the 10/24/2005 incident.

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

The County of Contra Costa is permissibly uninsured for workers' compensation liability under the laws of the State of California.

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item #12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. *Principal Purpose:* The information requested is to be used in evaluating claims.  
C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

## PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, D.C. 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

Re: COUNTY OF CONTRA COSTA v. U. S. Department of Fish & Wildlife

**ADDENDUM**  
**to CLAIM FOR DAMAGE, INJURY, OR DEATH (Form 95)**

As of March 23, 2007, the County has paid to or on behalf of Ronald Richman the following amounts in workers' compensation benefits for the effects of the 10-24-05 incident: doctors visits of \$3,390.24, physical therapy of \$1,151.87, hospital expenses of \$1,359.13, pharmacy expenses of \$51.63, utilization review charges of \$841.50, nurse case management fees of \$3,192.24, diagnostic testing of \$628.24, and temporary disability/salary in lieu of temporary disability of \$22,653.31. The County anticipates that it will pay permanent disability indemnity in an amount that has not yet been determined by the Workers Compensation Appeals Board.

Mr. Richman had neck surgery in January 2007, so the County believes that the medical expenses, and workers' compensation indemnity will increase.



<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit To Appropriate Federal Agency:  U. S. Department of Fish & Wildlife Service 2800 Cottage Way, Room W-2605 Sacramento, CA 95825-1846			2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, Street, City, State and Zip Code)  County of Contra Costa, 2530 Arnold Dr., #140, Martinez, CA 94553; Thomas, Lyding, Cartier & Gaus, P. O. box 8072, Walnut Creek, CA 94597		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH N/A	5. MARITAL STATUS N/A	6. DATE AND DAY OF ACCIDENT 10/24/2005	7. TIME (A.M. OR P.M.) A.M.	
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary.) Peter Lacy was an employee of the U. S. Department of Fish & Wildlife, and Ronald Richman was an employee of the County of Contra Costa. On 10/24/05 at Buchanan Field in Contra Costa County, California, Ronald Richman was driving a vehicle, and was struck by another vehicle negligently and carelessly driven by Peter Lacy. Peter Lacy drove his vehicle into the rear of the vehicle Ronald Richman was driving. The County of Contra Costa has provided workers' compensation benefits to or on behalf of Ronald Richman for injuries sustained in the 10/24/2005 incident.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). County of Contra Costa, 2530 Arnold Drive, #140, Martinez, CA 94553.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See Instructions on reverse side.) Damage to the rear of the vehicle driven by Ronald Richman, and to the front of the vehicle driven by Peter Lacy.					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. Ronald Richman alleges that he sustained a cervical disc herniation and shoulder strain.					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Tom Rasmussen		1305 N. H. PMB 321, Lompoc, CA 93436			
12. (See instructions on reverse.) AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE  \$1,989.66	12b. PERSONAL INJURY  \$200,000.00	12c. WRONGFUL DEATH  N/A	12d. TOTAL (Failure to specify may cause forfeiture of your rights.)  201,989.66		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)  <i>Mark Cartier Attorney for Claimant County</i>		13b. Phone number of person signing form  (925) 930-7270		14. DATE OF SIGNATURE  5-2-07	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM  The claimant is liable to the United States Government for the civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729.)		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS  Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)			



## INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☐ No

The County of Contra Costa is permissibly uninsured for workers' compensation liability, and it has provided workers' compensation benefits to or on behalf of Ronald Richman for the 10/24/2005 incident; the address for the County of Contra Costa is 2530 Arnold Dr., #140, Martinez, CA, 94553, Ms. Maria Faint, telephone (925) 335-1410.

16. Have you filed a claim on your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☐ No  
The County of Contra Costa has provided workers' compensation benefits to or on behalf of Ronald Richman for the 10/24/2005 incident.

17. If deductible, state amount.

N/A.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts.)  
Claimant County of Contra Costa is providing benefits to Ronald Richman for the 10/24/2005 incident.

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☐ No

The County of Contra Costa is permissibly uninsured for workers' compensation liability under the laws of the State of California.

## INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item #12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

## PAPERWORK REDUCTION ACT NOTICE

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Re: COUNTY OF CONTRA COSTA v. U. S. Department of Fish & Wildlife

**ADDENDUM**  
**to CLAIM FOR DAMAGE, INJURY, OR DEATH (Form 95)**

As of March 23, 2007, the County has paid to or on behalf of Ronald Richman the following amounts in workers' compensation benefits for the effects of the 10-24-05 incident: doctors visits of \$3,390.24, physical therapy of \$1,151.87, hospital expenses of \$1,359.13, pharmacy expenses of \$51.63, utilization review charges of \$841.50, nurse case management fees of \$3,192.24, diagnostic testing of \$628.24, and temporary disability/salary in lieu of temporary disability of \$22,653.31. The County anticipates that it will pay permanent disability indemnity in an amount that has not yet been determined by the Workers Compensation Appeals Board.

Mr. Richman had neck surgery in January 2007, so the County believes that the medical expenses, and workers' compensation indemnity will increase.

**EXHIBIT C**

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit To Appropriate Federal Agency: United States Department of Agriculture Animal and Plant Health Inspection Service California Wildlife Services State Director 3419-A Arden Way, Sacramento, CA 95825			2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code) Claimant County: 2530 Arnold Dr., # 140, Martinez, CA 94553 Attorney: Thomas, Lyding, Cartier & Gaus, P.O. Box 8072, Walnut Creek, CA 94597		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH N/A	5. MARITAL STATUS N/A	6. DATE AND DAY OF ACCIDENT 10-24-05	7. TIME (A.M. or P.M.) PM	
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.) Peter Lacy was an employee of the US Department of Agriculture, Animal and Plant Health Inspection Service, Wildlife Services, and Ronald Richman was an employee of the County of Contra Costa. On 10-24-05 at Buchanan Field in Contra Costa County, California, Ronald Richman was driving a vehicle, and was struck by the vehicle negligently driven by Peter Lacy. Peter Lacy drove his vehicle into the rear of the vehicle Ronald Richman was driving. The County of Contra Costa has provided workers compensation benefits to or on behalf of Ronald Richman for the injury sustained in the 10-24-05 incident. There was property damage to the vehicle owned by the County of Contra Costa and driven by Ronald Richman.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code) County of Contra Costa, 2530 Arnold Drive, #140, Martinez, CA 94553.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.) Damage to the rear of the vehicle driven by Ronald Richman, and to the front of the vehicle driven by Peter Lacy.					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. Ronald Richman alleges that he sustained a cervical disc herniation and shoulder strain. He also alleges a psychiatric injury as a consequence of the orthopedic claim.					
11. WITNESSES					
NAME		ADDRESS (Number, street, city, State, and Zip Code)			
Tom Rasmussen		1305 N. H. PMB 321, Lompoc, CA 93436			
12. (See instructions on reverse) AMOUNT OF CLAIM (In dollars)					
12a. PROPERTY DAMAGE  1,989.66	12b. PERSONAL INJURY  200,000.00	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights.)  201,989.66		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)  <i>Mark Carter Mark Cartier Attorney for County of Contra</i>			13b. Phone number of signatory  (925) 930-7270	14. DATE OF CLAIM  10-16-2007	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)			Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)		

## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 38 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R.

- B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
 C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.  
 D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim

## INSTRUCTIONS

Complete all items - insert the word NONE where applicable

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF

PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in Item #1 on the reverse side. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in Item 12 of this form.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

Failure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden,

to Director, Torts Branch  
 Civil Division  
 U.S. Department of Justice  
 Washington, DC 20530

and to the  
 Office of Management and Budget  
 Paperwork Reduction Project (1105-0008)  
 Washington, DC 20503

## INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☐ Yes, If yes, give name and address of insurance company (Number, street, city, State, and Zip Code) and policy number. ☒ No

The County of Contra Costa is permissibly uninsured for workers compensation liability, and it has provided workers compensation benefits to or on behalf of Ronald Richman for the 10-24-05 incident; the address for the County of Contra Costa is 2530 Arnold Drive, #140, Martinez, CA 94553. The adjuster is Maria Faint, (925) 335-1410.

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

No.

17. If deductible, state amount

N/A

18. If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? (It is necessary that you ascertain these facts)

N/A

19. Do you carry public liability and property damage insurance? ☐ Yes, If yes, give name and address of insurance company (Number, street, city, State, and Zip Code) ☒ No

The County of Contra Costa is permissibly uninsured for workers' compensation liability under the laws of the State of California

Re: COUNTY OF CONTRA COSTA v. U. S. Department of Agriculture

**ADDENDUM**  
**to Claim for Damage, Injury or Death (Form 95)**

As of October 16, 2007, the County has paid to or on behalf of Ronald Richman the following amounts in workers' compensation benefits for the effects of the 10-24-05 incident: doctors visits of \$15,322.25, medical appliances \$238.00, physical therapy of \$1,690.09, hospital expenses of \$24,614.78, pharmacy expenses of \$166.27, anesthesiologist \$950.48, utilization review charges of \$1,466.25, Nurse case management fees of \$5,925.00, diagnostic testing of \$746.75, PPO fee of \$54.18, and temporary disability/salary in lieu of temporary disability of \$50,144.84. The County anticipates that it will pay permanent disability in an amount that has not yet been determined by the Workers' Compensation Appeals Board.

Mr. Richman had neck surgery in January 2007, so the County believes that the medical expenses, and workers' compensation indemnity will increase.

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		<b>FORM APPROVED</b> OMB NO. 1105-0008	
1. Submit To Appropriate Federal Agency: United States Department of Agriculture Animal and Plant Health Inspection Service California Wildlife Services State Director 3419-A Arden Way, Sacramento, CA 95825			2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code) Claimant County: 2530 Arnold Dr., # 140, Martinez, CA 94553 Attorney: Thomas, Lyding, Cartier & Gaus, P.O. Box 8072, Walnut Creek, CA 94597		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH N/A	5. MARITAL STATUS N/A	6. DATE AND DAY OF ACCIDENT 10-24-05	7. TIME (A.M. or P.M.) PM	
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.) Peter Lacy was an employee of the US Department of Agriculture, Animal and Plant Health Inspection Service, Wildlife Services, and Ronald Richman was an employee of the County of Contra Costa. On 10-24-05 at Buchanan Field in Contra Costa County, California, Ronald Richman was driving a vehicle, and was struck by the vehicle negligently driven by Peter Lacy. Peter Lacy drove his vehicle into the rear of the vehicle Ronald Richman was driving. The County of Contra Costa has provided workers compensation benefits to or on behalf of Ronald Richman for the injury sustained in the 10-24-05 incident. There was property damage to the vehicle owned by the County of Contra Costa and driven by Ronald Richman.					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code) County of Contra Costa, 2530 Arnold Drive, #140, Martinez, CA 94553.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.) Damage to the rear of the vehicle driven by Ronald Richman, and to the front of the vehicle driven by Peter Lacy.					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. Ronald Richman alleges that he sustained a cervical disc herniation and shoulder strain. He also alleges a psychiatric injury as a consequence of the orthopedic claim.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, street, city, State, and Zip Code)			
Tom Rasmussen		1305 N. H. PMB 321, Lompoc, CA 93436			
12. (See instructions on reverse) <b>AMOUNT OF CLAIM (In dollars)</b>					
12a. PROPERTY DAMAGE  1,989.66	12b. PERSONAL INJURY  200,000.00	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights.)  201,989.66		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) <i>Mark Carter Mark Cartier Attorney for Contra Costa County</i>			13b. Phone number of signatory (925) 930-7270	14. DATE OF CLAIM 10-16-2007	
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)			Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)		



## PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 38 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.  
C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim

## INSTRUCTIONS

Complete all items - insert the word NONE where applicable

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF

PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in Item #1 on the reverse side. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in Item 12 of this form.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

Failure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden,

to Director, Torts Branch  
Civil Division  
U.S. Department of Justice  
Washington, DC 20530

and to the  
Office of Management and Budget  
Paperwork Reduction Project (1105-0008)  
Washington, DC 20503

## INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☐ Yes, If yes, give name and address of insurance company (Number, street, city, State, and Zip Code) and policy number. ☒ No

The County of Contra Costa is permissibly uninsured for workers compensation liability, and it has provided workers compensation benefits to or on behalf of Ronald Richman for the 10-24-05 incident; the address for the County of Contra Costa is 2530 Arnold Drive, #140, Martinez, CA 94553. The adjuster is Maria Faint, (925) 335-1410.

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

No.

17. If deductible, state amount

N/A

18. If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? (It is necessary that you ascertain these facts)

N/A

19. Do you carry public liability and property damage insurance? ☐ Yes, If yes, give name and address of insurance company (Number, street, city, State, and Zip Code) ☒ No

The County of Contra Costa is permissibly uninsured for workers' compensation liability under the laws of the State of California



Re: COUNTY OF CONTRA COSTA v. U. S. Department of Agriculture

**ADDENDUM**  
**to Claim for Damage, Injury or Death (Form 95)**

As of October 16, 2007, the County has paid to or on behalf of Ronald Richman the following amounts in workers' compensation benefits for the effects of the 10-24-05 incident: doctors visits of \$15,322.25, medical appliances \$238.00, physical therapy of \$1,690.09, hospital expenses of \$24,614.78, pharmacy expenses of \$166.27, anesthesiologist \$950.48, utilization review charges of \$1,466.25, Nurse case management fees of \$5,925.00, diagnostic testing of \$746.75, PPO fee of \$54.18, and temporary disability/salary in lieu of temporary disability of \$50,144.84. The County anticipates that it will pay permanent disability in an amount that has not yet been determined by the Workers' Compensation Appeals Board.

Mr. Richman had neck surgery in January 2007, so the County believes that the medical expenses, and workers' compensation indemnity will increase.

**EXHIBIT D**



- 1           2.     Plaintiff County of Contra Costa was intervener's employer and intervener was
- 2                 in the course and scope of his employment at all times herein mentioned;
- 3           3.     Defendant, U.S. Department of Agriculture, Animal and Plant Health Inspection
- 4                 Service, was at all times herein mentioned an agency of defendant, United States
- 5                 of America;
- 6           4.     The amount in controversy exceeds \$100,000.00, exclusive of interest and costs;
- 7           5.     Intervener's claims for injuries arose in this district;
- 8           6.     On or about October 24, 2005, intervener was working in the course and scope
- 9                 of his employment with the County of Contra Costa, State of California. At all
- 10                times relevant herein, Peter Lacey was an employee of the U.S. Department of
- 11                Agriculture, Animal and Plant Inspection and Service, and agency of the United
- 12                States of America;
- 13           7.     On or about October 24, 2005, intervener was driving a truck in the course and
- 14                 scope of his employment, when Peter Lacey, an employee of an agency of
- 15                 defendant, United States of America, collided with the rear of the vehicle
- 16                 intervener was operating;
- 17           8.     At said time and place, Peter Lacey, an employee of an agency of defendant,
- 18                 United States of America, negligently, carelessly and recklessly drove his
- 19                 vehicle into the rear of intervener's vehicle which had been stopped on the side
- 20                 of the roadway;
- 21                 of the roadway;
- 22                 of the roadway;

23     ///

24     ///

25     ///

1           9.       As a proximate result of the negligence, carelessness and recklessness of  
2                defendant, intervener sustained severe and permanent injuries to his neck and  
3                shoulder, and resulting in pain, suffering, inconvenience and loss of enjoyment  
4                of life.

5           WHEREFORE INTERVENER PRAYS for judgment against defendant as follows:

- 6           1.       For medical and related expenses according to proof;  
7  
8           2.       For wage loss and related expenses according to proof;  
9  
10          3.       For general damages in the sum of \$250,000.00;  
11          4.       For costs of suit;  
12          5.       For such other relief as the Court deems proper.

13          DATED: August 20, 2008

LAW OFFICES OF WILLIAM G. MCDEVITT

14  
15          By 

WILLIAM G. MCDEVITT, Esq.  
Attorneys for Intervener

*Richman v. United States of America, et al.*  
*USDC Case No. C07-05317 JCS*

**PROOF OF SERVICE (Code Civ. Proc. § 1013a)**

I am a citizen of the United States. My business address is 222 Rush Landing Road, P.O. Box 6169, Novato, CA 94948. I am employed in the County of Marin, where this mailing occurs. I am over eighteen years of age and not a party to the within cause. On the date set forth below, I served the attached document described as:

**[proposed] COMPLAINT IN INTERVENTION FOR DAMAGES [F.R.C.P. RULE 24]**

on the following person(s) in this action by placing a true copy thereof enclosed in a sealed envelope addressed as follows:

Abraham A. Simmons  
U.S. Attorney's Office  
450 Golden Gate Avenue  
P.O. Box 36055  
San Francisco, CA 94102  
Tel: (415) 436-7264  
Fax: (415) 436-6748  
Email: [abraham.simmons@usdoj.gov](mailto:abraham.simmons@usdoj.gov)  
**Attorney for Defendant U.S. Department of  
Agriculture**

Mark A. Cartier, Esq.  
Thomas Lyding Cartier & Gaus, LLP  
3100 Oak Road, Suite 310  
P. O. Box 8072  
Walnut Creek, CA 94597  
Tel: 925-930-7270  
Fax: 925-256-8148  
**Attorney for County of Contra Costa**

- ☒ **(BY MAIL)** I am readily familiar with my firm's practice for collection and processing of correspondence for mailing with the United States Postal Service, to wit, that correspondence will be deposited with the United States Postal Service this same day in the ordinary course of business. I sealed said envelope and placed it for collection and mailing on August 21, 2008, following ordinary business practices.
- ☐ **(BY EXPRESS MAIL OVERNIGHT DELIVERY)** I caused each envelope, with delivery fees provided for, to be deposited in a box regularly maintained by the US Postal Service. I am readily familiar with Brayton Purcell's practice for collection and processing of correspondence for overnight delivery and know that in the ordinary course of Brayton Purcell's business practice the document described above will be deposited in a box or other facility regularly maintained by the US Postal Service at Novato, California on the same date that it is placed at Brayton Purcell for collection
- ☐ **(BY FACSIMILE)** I caused said documents to be transmitted by facsimile machine to the number indicated after the address(es) noted above.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration was executed on August 21, 2008, at Novato, California.

  
\_\_\_\_\_  
Krystal Correia